

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Jihad Shahaddad	COURT CASE NUMBER	1:18cv883
DEFENDANT	County of Arlington, et al	TYPE OF PROCESS	Summons and complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	County of Arlington ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2100 Clarendon Blvd., Arlington, VA 22201		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	2
Harsh Voruganti 1655 N Fort Myer Dr. Suite 700 Arlington, VA 22209	Number of parties to be served in this case	2
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
		703-299-2101	7/20/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1/2	No C83	No C83	Londa Patterson	7/20/18

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7/25/18 Time 11:55 am
	Signature of U.S. Marshal or Deputy Vicki J. Ouel

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
\$65.00	18 mi. RT \$9.63	0	\$74.63		\$0.00

REMARKS: Danielle Ruiz, Office Manager

- DISTRIBUTE TO:
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Civil Action No. 1:18cv883

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* County of Arlington
 was received by me on *(date)* 7/20/18

☐ I personally served the summons on the individual at *(place)* _____

on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____

, a person of suitable age and discretion who resides there,

on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Danielle Ruiz, Ofc. Mgr., who is
 designated by law to accept service of process on behalf of *(name of organization)* Arlington

County Government

on *(date)* 7/25/18 ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ 18 mi RT 9.63 for travel and \$ 65.00 for services, for a total of \$ 74.63
0.00

I declare under penalty of perjury that this information is true.

Date: 7/25/18

Vincent T. O'Neal
 Server's signature

Vincent T. O'Neal, SP4SM
 Printed name and title

401 Courthouse Sq, Alexandria, VA
 Server's address

Additional information regarding attempted service, etc: